

PLACE OF BIRTH

1. County of Yuma
 District of Miami
 Town of _____
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157
 County Registrar No. 160
 Local Registrar No. _____

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Ramon } If child is not yet named, make
 supplemental report, as directed.

3. Sex of Child Boy To be answered ONLY } 4. Twin, triplet or other _____ 6. Legitimate? Yes
 in event of plural } 5. No., in order of birth _____ 7. Date 4-25-1928
 births. } Month day year

3. FATHER Full name <u>Mateo Ramon</u>	14. MOTHER Full maiden name <u>Madolena Ramon</u>
9. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state

10. Color or race <u>Mex</u>	16. Color or race <u>Mex</u>
11. Age at last birthday <u>30</u> (Years)	17. Age at last birthday <u>29</u> (Years)
12. Birthplace (city or place) <u>Don Miguel</u> (State or country) <u>Salvador Mex</u>	18. Birthplace (city or place) <u>Don Miguel</u> (State or country) <u>Salvador Mex</u>
13. Occupation <u>Miner</u> Nature of industry	19. Occupation <u>house wife</u> Nature of industry

20. Number of children of this mother (a) Born alive and now living 2
 (Taken as of time of birth of child herein (b) Born alive but now dead _____
 certified and including this child.) (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 m. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
 Signature L. M. Castillo (Physician or midwife)
 Address _____
 Given name added from _____
 a supplemental report _____
 Month, day, year. _____
 Filed Apr 30, 1928 Local Registrar. L. E. Dora

Registrar.

Filed _____ 19 _____

County Registrar.

199-425-499